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ABSTRACT

The need to help the emotionally disturbed is discussed with a focus on community mental health centers. Psychiatric services described are diagnosis, inpatient care, day care, outpatient care, emergency care, continuity of care and services, and care adjusted to age groupings ranging from infancy to adolescence. Aspects of the community goal of prevention considered are detection through consultation; the education of teachers, parents, and the general public; and special programs, such as tutoring, designed to help poverty areas. Attention is also given to research and evaluation, the training of staff and professional personnel, the facilities and physical plants of institutions, and plans for establishing a community mental health center. (JM)

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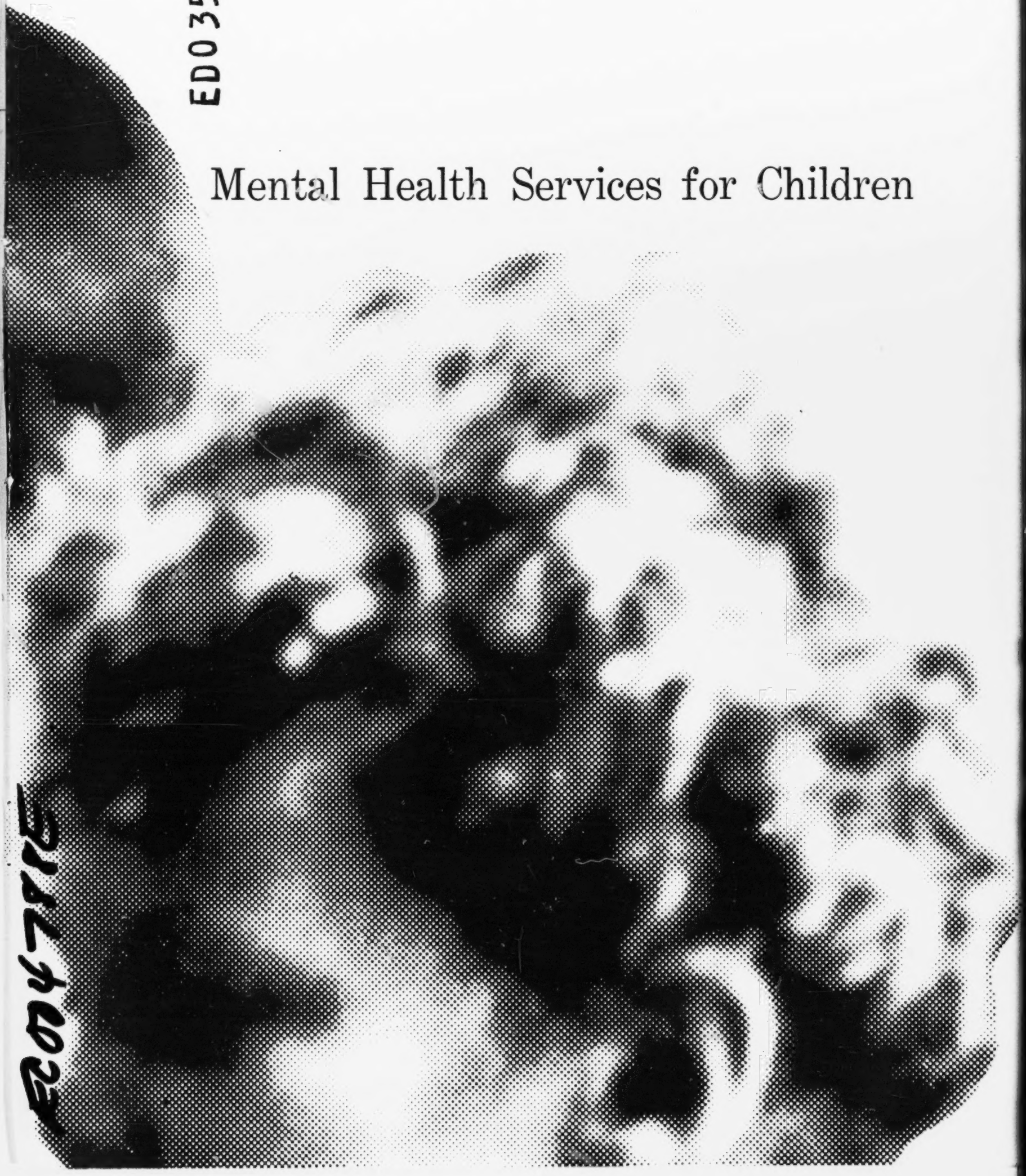
Mental Health Services for Children



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Mental Health Services for Children

Focus: The Community Mental Health Center

October 1968

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Foreword

The figures speak clearly for themselves: the number of children suffering from mental or emotional disturbances today constitutes a problem we cannot ignore, the number seeking treatment is rising steadily, and adequate treatment facilities and personnel are sorely lacking.

The community mental health center can be the focus for a wide variety of facilities and services needed to help children and their families. Various groups and agencies can work together to provide the needed services.

The community mental health center is ideally suited to handle the mental and emotional problems of young people within the context of home and family life. During the early years in a child's development, timely therapeutic intervention and social restoration in familiar surroundings can do much to prevent serious problems later in life.

The mental health center, in conjunction with other community programs, can also act as a preventive force in the community. Its consultation and education service can help protect and strengthen the mental health of children and adolescents through work with schools, well-baby clinics, and other community agencies which serve young people.

Examples of successful children's programs in a variety of settings are presented here, not as exact models, but as suggestions of what can be done in community programs to improve treatment and preventive services.

Total mental health care for the entire community—the goal of the community mental health centers program—includes services geared to the mental health needs of children and their families. These needs demand effective treatment and early intervention; but beyond this, the primary prevention of illness and disability is our essential task. The healthful development of all children—including the disadvantaged and the most vulnerable—is our imperative goal.

Stanley F. Yolles, M.D.
Director

Mental Health Services for Children

Focus: Community Mental Health Centers

NATIONAL INSTITUTE OF MENTAL HEALTH

Help: Needed Now

It is estimated that as many as 500,000 children in this country suffer from psychoses and borderline psychotic conditions and that another million are afflicted with personality and character disorders.

Of the 50 million school age youngsters, evidence suggests that between 10 and 12 percent have moderate to severe emotional problems requiring some kind of mental health service.

Among some 300,000 children seen in outpatient psychiatric clinics each year, only one in three receives more than a diagnosis.

Among the 15 million youngsters in the United States who are being reared in poverty—one out of three has serious emotional problems that need attention.

More than 500,000 youngsters are brought before the courts each year for antisocial acts. If present trends continue, one in every nine youngsters will appear before a juvenile court before the age of 18.

Suicide is believed to be the fourth ranking cause of death among 15- to 19-year olds. Adolescents of college age present the highest potential suicide risk group within the population.

The number of children and adolescents being admitted to and resident in mental hospitals is increasing more rapidly than their increase in the population. For example, since 1950 the number of boys under the age of 15 has doubled but their number in mental institutions has quadrupled.

Projections for the decade 1965–1975 predict a 10 percent population increase of children under the age of 18. If current patterns persist, the number of these children in mental hospitals will more than triple.

The number of children in the 15- to 24-year-old age group is expected to increase by 36 percent in the population as a whole, but by 70 percent in wards of mental hospitals.

It is estimated that approximately 5 percent of the children in the United States who need psychiatric help are getting it; and of those who are treated, less than one-half receive help that is of the kind, quality, and duration needed.

These figures and others compiled by the National Institute of Mental Health indicate the acute and immediate need for a wide range of effective community mental health services for children and adolescents.

Adequate facilities for children which provide continuity and variety of services, are lacking in most areas of the country.

Help: How?

Under a national mental health program providing Federal support for the construction and staffing of community mental health centers, comprehensive mental health services are being made available throughout the country, in many areas for the first time.

Since the enactment of the Community Mental Health Centers Act in 1963 more than 260 centers have been established, bringing services within reach of 41 million Americans, including 15 million children. These centers are serving their communities in cooperation with many agencies and community groups. It is anticipated that by 1970, 500 centers will be in operation.

Services for children can be organized in the community in a number of ways. A variety of facilities and types of programs are needed—from special school or residential treatment centers, for example, to teenage clubs and recreation areas. These may be incorporated within the total program itself, or in affiliation with a center, or in liaison with a center program. For example, a child guidance clinic or residential institution may choose to affiliate with other agencies to form a comprehensive program. An example of such a cooperative effort is the Grand Valley Community Mental Health Centers Compact in Grand Rapids, Michigan. A child guidance clinic, a general hospital, and a county mental health center are the principal affiliates in a coordinated community mental health program. In addition, several local child-caring agencies and the Board of Education are collaborating to provide comprehensive and coordinated services for children.

Whatever the arrangement, Federal assistance for construction or staffing requires that the overall center program include five essential elements of care; inpatient and outpatient services, partial hospitalization, emergency services, and consultation and education.

Such a program can help children and adolescents through its direct services which focus on the treatment and rehabilitation of those who are ill, and through its more indirect services which emphasize prevention through work with schools, physicians, and other professionals in the community.

The preventive services of the center are especially important for the mental health care of the community's youth. These services can create a store of mental health competence among the many adults—teachers, doctors, clergymen, police, and parents—who work with the young. New programs for preventive intervention in schools, prenatal clinics, and well-baby clinics are being reported, as well as therapeutic nursery school programs. Mental health research projects point the way to early child care programs to enrich the rearing of deprived youngsters.

The availability of active treatment services in the community—whether inpatient, outpatient, or emergency care—means that the disturbed child or adolescent can receive the type of care he needs near his home and family. Institutionalization is frequently unnecessary, or may be kept very brief, provided alternative services are at hand.

Community programs for the disadvantaged child and his family—such as day care centers, neighborhood health centers, maternal and child care facilities, and youth activity groups—can work together with their local mental health center to form a comprehensive network of care and prevention services.

Cooperation among agencies is essential. Possibilities for pooling resources and for joint funding should be explored. A variety of solutions are possible and must be sought for the variety of problems and needs in child and family mental health.

Rural and sparsely populated areas where resources are limited may be served by satellite units of a regional mental health center program. Or they may be served by "teams on wheels," with staff setting up services in a church basement, for example, or in a school, or other town building.

Facilities for services may range from store-front neighborhood service centers in urban areas to regional or community treatment centers equipped with cottages for residential care. Whatever the arrangement, a mental health center can coordinate the youth services in its area, or itself undertake to meet the needs.

Treatment: A Variety of Psychiatric Services

Diagnosis

Differential diagnosis is the essential forerunner of good treatment. When a child exhibits symptoms of behavioral or emotional disturbance, the professional staff of a children's service can determine whether these symptoms are transient problems of maturation or evidence of more serious developmental disorders. The diagnosis, including whatever physical or psychological tests are needed, sets the stage for planning appropriate treatment. Guidance to parents and brief professional attention to the child's problem at the right time may be all that is required.

In the adolescent service of the Maimonides Comprehensive Mental Health Center in Brooklyn, New York, a professional team uses family therapy as a central diagnostic and treatment tool. Therapy begins with the initial family interview. Joining in the first session is a team composed of a psychiatrist (team leader), two psychiatric social workers, and a psychiatric nurse. Individual members of the team may then function as solo-therapists in subsequent meetings. After the first session, in which the family of the disturbed adolescent is interviewed both as a family unit and as individuals, the team determines the next stage in treatment.

Since schools, family physicians, courts, and social welfare agencies refer children to the center, the diagnostic service affords a unique opportunity for community collaboration. Effective communication across disciplinary and agency lines is essential in carrying out treatment plans for children. Combined and coordinated sharing of information and treatment planning can avoid wasteful duplication of effort.

For example, the Child Guidance Clinic of the Grand Valley (Michigan) Community Mental Health Centers Compact, provides diagnostic service to the Board of Education to assist in the screening of potential candidates for classes for emotionally disturbed children. Through this collaborative relationship the clinic staff identify the kinds of children who might profit from a more specialized education experience, such as a day treatment program within the clinical setting.

An NIMH-sponsored project at the Virginia Treatment Center in Richmond, Virginia, demonstrates another approach involving community cooperation. This is the Children's Psychiatric Hospital Field Unit, a program designed to improve continuity of care for children. Staff teams go out into the community to provide diagnostic screening, as well as referral, consultation, and followup services for agencies working with children.

Inpatient Care

Although many children can be treated without full hospitalization when other services are at hand, inpatient facilities for both acute and long-term care are needed and are still in severe shortage in many areas. Beds are needed for psychiatric emergencies, for observation to clarify diagnosis, for treatment while long-term plans are made, and for short-term care during an acute crisis. The major need in community inpatient services is for short-term beds—that is, accommodations for children who need the service for a few weeks to a few months.

Because of the limited number of patients who require inpatient care, the mental health center may utilize beds in a pediatric or psychiatric ward in a general hospital. General hospitals in numerous communities are providing this service as partners in a program of comprehensive care for children. Services close to home are particularly important for children, permitting family involvement in treatment. For some children, specialized temporary foster homes may be useful.

The inpatient service provides intensive care aimed at returning the child to his family as soon as possible. Among the numerous treatment methods, such as group, family and individual therapy, educational

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and vocational programs are of the utmost importance in treating children and adolescents. Education programs prepare the child for his return to a regular school; vocational programs prepare young people for employment.

Among new programs and facilities being developed for disturbed children are special residential schools. If such a school is available in an area served by one or more centers, it may arrange to affiliate or cooperate with the centers' programs. The centers can provide diagnostic, referral, and followup services, home-visiting, and family therapy or consultation. These and other services, added to the residential service, can round out and provide continuity for the child's mental health care.

Programs for the "re-education" of moderately disturbed children can operate effectively even in areas of scarce psychiatric manpower. National attention has been attracted to Project Re-Ed, an NIMH-supported demonstration program, directed by Dr. Nicholas Hobbs. A cooperative effort of the Departments of Mental Health in Tennessee and North Carolina and the George Peabody College for Teachers in Nashville, the project is based on the theory that an educational setting with its emphasis on health rather than illness encourages the development of healthy attributes in a child. "Re-education" is both in skills needed for normal school achievement and adjustment to the demands of life in general.

Project Re-Ed has demonstrated several features of potential interest. For example, the training and use of "teacher-counselors" in the intensive education-therapy program stresses the importance of selecting workers whose personal attributes and qualities especially qualify them for working with children. Investigators believe that teacher-counselors, working under consultation with top-level professional personnel, can provide a therapeutic environment for young patients, at reduced cost and time in residence. The average length of stay in the Nashville school is about seven months.

Another type of inpatient school program is operated by the Los Angeles County General Hospital in Los Angeles, California. Two teachers from the city school system teach in a hospital wing reserved and adapted for adolescents; physical education is offered the young patients in the hospital gymnasium.

At Hawthornden State Hospital in Northfield, Ohio, a hospital improvement grant awarded by NIMH provides a group of disturbed adolescents with classroom activities six full periods a day. Five State-certified teachers give the instruction. The program offers accredited school subject material, as well as occupational and recreational therapy, and arts and crafts. All children, regardless of diagnosis, are encouraged to apply themselves to learning so that they might better handle the expectations of school, job, and community, when they return home.

The Washington Heights-West Harlem Comprehensive Mental Health Center of New York City, recipient of NIMH funds, has projected an imaginative program for children and adolescents. The inpatient unit will provide beds for pre-school children, school-age youngsters, and adolescents. However, they will be involved in many activities off the wards and will attend the hospital's therapeutic school. The children residing at the hospital and those in the day care program will receive their classroom instruction together. The center proposes to rotate teachers from the area's schools, with the Board of Education assigning the staff.

While classroom instruction should be available to all children of school age, vocational training can be of particular value to the adolescent. Training in various skills can be offered, in a program of therapy and rehabilitation to enable the young person to enter the world of work. Helping him increase his confidence and employability can be important to the success of the young adult's return home.

Michigan's Traverse City State Hospital, with another NIMH grant, operates a new vocational rehabilitation program for adolescents and young adults. Facilities include a general shop area, print shop, and equipment for welding, sewing, typing, and cooking. While the program offers activities designed to enhance the patient's feelings of personal and social competence, it also aims to give the youngsters realistic vocational choices. It provides counseling, training in specific marketable skills, job placement, and followup.

Projects now underway in several State hospitals with NIMH support demonstrate active and intensive treatment programs for young patients. The trend is to focus on the children's strengths, and to establish expectations for normal behavior and good work habits, to encourage self-care, and basic socialization. Use of child care workers, student volunteers, and retired people, with emphasis on small group activities throughout the total program, provides more intensive personal experiences and services for the child. The treatment goal is generally that of social recovery and return home as soon as possible.

For the successful rehabilitation of young patients, community support and cooperation are essential. The more the community's helping hand is extended—with local schools providing teachers, libraries lending books, and volunteers tutoring and providing transportation to museums, parks, shopping centers, and theaters—the easier it is for the young patient to return to a normal life.

Day Care

Psychiatric day care is designed for those who do not need 24-hour hospitalization, but for whom outpatient therapy is inadequate or inappropriate. For the disturbed child, it permits schooling in a therapeutic setting and treatment while he lives at home. Day patients may share educational, recreational, and vocational programs with inpatients, as well as group therapy sessions.

Several programs have demonstrated the effectiveness of treating disturbed preschool children in a therapeutic nursery school environment. For example, a nursery school at the Child Guidance Home of Cincinnati, Ohio, provides day psychiatric treatment for a group of preschoolers, aged three to five, who exhibit marked behavioral and emotional disorders. The collaborative, multi-disciplinary program offers a full range of diagnostic and treatment services for children and parents.

The James Jackson Putnam Children's Center in Roxbury, Massachusetts, has reported success in treating antisocial children, aged three to six, who are too disruptive to attend normal nursery school. The program, partially supported by NIMH, includes psychotherapy and nursery school for the children and casework with the parents.

At The League School in Brooklyn, New York, a nursery school for schizophrenic children has enabled young psychotic patients who would otherwise have been institutionalized to continue living at home.

In Elmont, New York, "teacher-moms" were trained to work with schizophrenic children, aged six to nine, in a day care program based in a community facility. The cost was only slightly more than the annual per pupil cost for normal children. The program used regular school equipment and supplies, and community resources such as recreation centers and bus services. Serving as teacher aides, the mothers helped the youngsters significantly by giving each one close personal attention and care. After three years in the program, half the children were able to return to full-time regular classes. The project has been duplicated in several areas.

Among services helping less seriously disturbed youngsters is a day care program at the Des Moines, Iowa, Child Guidance Center. This provides daily schedules of education and psychotherapy tailored to the individual needs of each child. Children with a wide variety of disorders have responded positively, many within a short time. Comparison with a control group receiving only outpatient therapy suggests that a well-rounded day care service can decrease the duration of treatment.

The Jane Wayland Child Center, Phoenix, Arizona, for many years a child guidance center, is now part of a comprehensive mental health center, and has expanded its program to include day care. In an NIMH-supported project, two classes were set up for emotionally disturbed children aged 7 to 11, who had been excluded from the public schools because of conduct and learning difficulties. The center had remarkable success and was able to return several of the children to their former schools at the appropriate age-grade level.

Partial hospitalization programs vary widely as do the facilities offering them. At Los Angeles County General Hospital, some adolescents spend their days attending school and therapy sessions at the hospital and go home at night. At other centers adolescents may go to school or to jobs in the community by day and sleep at the hospital. Many visit their homes on weekends and holidays, increasing their home stay as progress permits.

With a small professional staff, the Peninsula Children's Center in Palo Alto, California, provides day care for severely disturbed children. The success of the program rests on the use of well-trained child care workers, and high school, college, and older volunteers. The director of the volunteer program, who recently obtained a master's degree in social work, was first introduced to the program as a high school volunteer. The Center is part of the Santa Clara County Mental Health Center.

Outpatient Care

Outpatient treatment is the most widely used service for disturbed children and adolescents. Some 40 percent of all patients seen in psychiatric outpatient services in the United States are under 18 years of age. Presently, however, about one-fourth of these patients obtain only diagnostic services.

In the past, outpatient care consisted almost entirely of individual treatment of the child and his family; today, effective group programs have been established. Nursery school, educational and activity groups, family, and multiple family therapy are now vital elements in many programs.

Family participation is the basis of a treatment method being used successfully at the Maimonides Comprehensive Mental Health Center to treat disturbed adolescents. Maimonides calls the technique Multiple Impact Therapy. It involves an initial interview with the family of the young patient. The theory is that seeing the family as a unit and observing its dynamics, provides an opportunity to build the strength

of the family as well as its individual members. Those found by the professional team to be most in need—not always the referred patient—receive individual or group treatment. In some instances the family meets in group sessions over a period of months.

A five-year project supported by NIMH at the New Orleans Regional Mental Health Center demonstrated the effectiveness of an outpatient clinic-school for disturbed children with learning problems, in conjunction with special sessions for their parents. The children, a group of six- to twelve-year-old boys, attended regular classes in the public school in the morning and were tutored at the clinic in the afternoon. The mothers met in group meetings during the day, and the fathers met in the evenings in weekly one-and-a-half hour sessions. Consultation concerning the children was provided to their public school teachers. The program for each child was limited to five-and-a-half months, at most. A one-year follow-up indicated that about ninety percent of the children were adapting successfully in their regular schools.

A different type of outpatient service is being implemented at the Washington Heights-West Harlem Comprehensive Mental Health Center. There, an effort is being made to bring neighborhood-based services to parents and children, away from the Center building whenever possible. Comprehensive care teams, responsible for their own sub-community, work in various places, such as a YMCA, a neighborhood service center, or a community hospital—whichever is most conveniently located for service.

Emergency Care

Psychiatric emergency services are essential to a comprehensive program for children. A delinquent act, destructive outburst, or suicidal attempt requires immediate attention. Emergency service may also be needed for children in panic, or for a disturbed child in a home crisis. Prompt professional attention in crisis situations can often prevent family disorganization and serious disability.

Ideal emergency programs offer walk-in and telephone service 24 hours a day, and home visits. An emergency service is most effective when staffed by personnel who have had specific training in handling psychiatric emergencies.

The Massachusetts Mental Health Center in Boston offers 24-hour emergency service for patients under 18 as part of its child psychiatry program. A child may be brought in or an adolescent present himself at any hour of the day or night. Immediate attention is followed by referral to a service of the Center or to another community agency, if needed.

An emergency telephone service at the D.C. General Hospital, staffed by specially trained personnel, reports success in providing therapeutic counseling on the phone. The majority of callers are advised to come to the area's mental health center for an evaluative interview or are referred to other community agencies.

Home visits in response to emergency calls may eliminate the need for hospitalization or dramatically shorten required treatment. In familiar home surroundings, people may be more reachable than in a hospital or clinic. One emergency service reports that its policy of a home interview for every referral often results in help for other family members, as well.

Suicide prevention services can reduce the alarming incidence of preventable tragedy in this country—one out of every hundred deaths in the U.S., of which three percent are children and adolescents. In 1958 there were three suicide prevention centers in the United States. This number has grown to more than 80. Each center provides a telephone answering-referral service for potentially suicidal persons or their worried relatives or friends, who may telephone at any time during the day or night for assistance.

Another kind of emergency service, which stresses early intervention and prevention, is the "crisis family interview" technique employed by the Julia Ann Singer Preschool Psychiatric Center in Los Angeles, California. Recognizing that critical events in a child's life may foster unhealthy reactions, the Center provides family counseling when crises occur. Families are helped to deal with transition to school, with illness, divorce, or death.

The success of any emergency service, for child or adult, depends on people's awareness of its availability. Therefore, cooperation with other agencies and professionals in the community is necessary. The teacher, physician, or welfare worker confronted by a psychiatric emergency needs to know where he can turn, just as the person answering the phone at a mental health center needs to know what community resources can provide prompt assistance when psychiatric care is not appropriate to a particular "emergency."

Continuity of Service

The range of mental health services described above makes possible continuity of service and care, and early attention when children need help. Coordinating the community's mental health services within a center program also serves to avoid duplication of effort among agencies. The center may develop as a central point of referral to other services in the community.

The child or adolescent may be the concern of a number of persons and agencies other than his family. Early consultation with the family physician or teacher or welfare worker, can be especially valuable in planning treatment or referral.

For young patients discharged from a State hospital, the mental health center can provide the followup services so often needed and so rarely available upon their return home. Liaison with the State hospital permits planning ahead for the desired aftercare. The child or adolescent leaving the hospital may need placement in a foster home, or in a halfway house; he may need day care or outpatient treatment. Providing for his needs in a home-based program may shorten his stay at a hospital or help to prevent his rehospitalization.

The mental health center can provide an important base for the services required.

Infants To Adolescents

The needs of a child at a particular level of growth make special demands. For instance, family therapy is being used widely in treating the young school child as well as the teenager. While many adolescents would profit, however, from a vocationally oriented rehabilitation program, younger children ordinarily would not.

The infant benefits most from the center's prevention programs, as discussed in the following section. These include guidance to parents and physicians in recognizing the signs of possible mental and emotional disturbance, and education toward positive mental health in family life.

Consultation and training sessions for pediatricians have proven valuable in detecting early problems in such programs as the Kaiser-Permanente Medical group seminar in San Francisco and the Cedars-Sinai Medical Center in Los Angeles.

Counseling to parents in mental health and well-baby clinics is also important. A mental health center affiliated with a general hospital or public health department is in a good position to provide such help.

The pre-school child, who may suffer problems ranging from mild behavior disturbance to severe autism, may require, in addition to individual therapy, a therapeutic nursery school. At the Julia Ann Singer Preschool Psychiatric Center a three-to-four month nursery school experience for the child is supplemented by group therapy for the parents and by multiple family therapy for some of the families with severely disturbed children.

The young school child, aged six to twelve, may suffer any one of a range of mental and emotional disturbances, from learning and discipline problems to withdrawal, depression, and psychosis. The center's variety of treatment services makes it possible to treat a range of disturbances. Research indicates that ten percent of school children who need help can be identified as early as the third grade. Collaboration with the public schools is vital in setting up special education classes in the school or the center.

The adolescent is a fast-developing young person making his own particular way to adulthood. This period of maturation entails vulnerability to emotional and mental difficulties. In this age group, half of those who enter treatment suffer illness serious enough to be diagnosed as psychosis, and require inpatient care.

In the mental health center, group therapy for adolescents may take the form of a "club," its members meeting regularly and becoming involved in projects of their own choosing. These kinds of sessions give the therapist the opportunity to observe interactions, and give the young people a chance to share with others in facing and working out some of their problems as they pursue their joint activities.

Serious "acting-out" problems may bring the adolescent into conflict with school or legal authorities. In such cases, the community mental health center, locally based and cooperating with other community agencies, can provide vital assistance. It can help the adolescent avoid the frustrating round of referrals—from school to social agency to court to detention center—that frequently confronts him.

The San Fernando Valley Community Mental Health Center in Los Angeles, California, has an innovative *Drop In* Clinic for adolescents which meets two afternoons a week (1½ hours each session). Adolescents who are concerned about any problem may attend. The parents are seen in a separate group. The young person who may need treatment over a period of several months is then assigned to another program in the center.

Prevention: The Community's Goal

The key attack against mental and emotional illnesses lies in prevention: in whatever can be done to help assure the healthful development of the young, during life's most formative years. Children need a climate of love, of mutual respect, of appropriate limits, of being cared for. They need an environment—at home and at school—which fills their need for guidance, for discipline, for enrichment of their potential as creative and productive human beings.

"Preventive psychiatry," therefore, can perform a useful purpose by signalling those elements of child rearing, of school practices and community programs, which foster the healthy growth of children into mature adults.

The community mental health center can offer direct services for the prevention of mental illness and the promotion of mental health, as well as consultation and education programs. Intervention through schools, physicians, and agencies can be a vital contribution to child mental health. But prevention begins even earlier. It begins with family planning and with the healthy attitudes of those who will marry and become parents. It begins with their competence and caring, and with the world in which their child will live and grow.

Family planning is an obvious and vital element in preventive psychiatry. The child who is eagerly welcomed by his parents begins life on the best possible terms. Community mental health centers are encouraged to include education and consultation for family planning as a preventive service. Such a service should be offered selectively and sensitively, and in full accord with the desires and values of the family.

Counseling for parents at prenatal and well-baby services is being tried in some preventive programs. An NIMH-supported project at the Group Health Association of Washington, D.C. demonstrated the value of counseling parents who were expecting their first child. The counseling service was made available in the obstetrical-gynecological department of GHA, a comprehensive, prepaid group practice health plan. The project reported that preventive mental health services can be operated effectively in conjunction with other services where crucial developmental milestones, such as a first pregnancy, are encountered.

Consultation

The mental health center's consultation services for the community can become a key resource for preventing illness and promoting mental health.

Consultation provided professionals, agencies, and institutions dealing with children and families can make possible early detection of problems, and preventive care before and early in parenthood and throughout the life of the child. The services may range from lending assistance to a teacher in handling a particular child, to seminars for physicians, teachers, clergymen, or police. Mental health consultation provided for prenatal and well-baby clinics, nursery schools, and day care centers can guide the healthy development of children from their earliest years.

The family physician or pediatrician is in an excellent position to observe mother-child relationships that may be detrimental to the child, and to provide on-the-spot assistance. Recognizing this fact, the Kaiser-Permanente Medical Group in San Francisco has conducted seminars for pediatricians to help them detect early signs of mental disturbance in children, and to help them modify harmful family processes. In another program, a social worker is assigned to the Group's department of pediatrics where she is available to the physicians for consultation, and to parents who are referred to her for help.

Exerting an influence on the developing child second only to that of the family, the school has a special responsibility for fostering healthy growth. When given assistance by mental health specialists, school administrators and teachers can detect and deal with many early signs of disturbance in children and their families. Mental health professionals can also consult with schools on special education classes for disturbed youngsters.

The NIMH Mental Health Study Center in Prince George's County, Maryland, helped set up a school project to assist a group of nonachievers—seven boys who had repeated first grade or failed the second. Consultants aided in screening and evaluating the students and their parents. A special class was organized at the school to improve the boys' educational and social achievement, aiming toward their return to regular class. Three other services were brought to bear on the problem: a mental health nurse visited the boys' homes monthly, a psychologist held weekly group sessions with the parents, and consultation conferences were held regularly with the teacher and other school personnel.

Maimonides Comprehensive Mental Health Center provides several consultation services for children. In one program, assistance is at hand when a teacher reports difficulty with a child in the classroom. A social and developmental history of the child is given to one of the center's staff, who is invited into the classroom for observation, and for appropriate follow-up.

Some centers must deal with special mental health problems, such as a high incidence of drug abuse and behavior problems among children and adolescents. In response to these needs, the center can provide counseling services for neighborhood groups such as school drop-outs and youth clubs.

Another NIMH project in Maryland stressed the importance of a consultant's being sensitive to the special problems encountered by other professions. Before offering their services, two psychologists first spent about two weeks riding in county police cars to observe the problems policemen face daily. Following the "consultation-on-wheels" the psychologists conducted a thirteen-week seminar to help the officers better understand the behavior and emotions of children and parents.

Another kind of consultation service emphasizes the use of existing community resources for treating the disturbed child. Educational therapists of the Julia Ann Singer Preschool Psychiatric Center frequently visit the area's nursery schools to determine their suitability for children who may need special attention. The Center has found that a regular monthly consultation program with nursery school teachers makes possible the placement and maintenance of some disturbed children in regular schools.

At the Center, consultation is also provided through demonstration and discussion. When a child is referred for diagnosis, the person making the referral—teacher, doctor, or agency worker—observes the initial family interview through a one-way mirror, and participates in the diagnostic conference. Every effort is made to keep the child under the guidance of his regular teacher and doctor.

Education

The aim of the center's educational activities is to help the community understand the nature of mental and emotional illnesses and principles of good mental health. Education programs vary according to community needs and resources. Often, they are developed in response to requests from parents, teachers, clergymen, police, or others who work with children. Such programs may take the form of informal workshops, seminars, or lectures. The first step in a center's education program is to make the community aware of the services it can render.

An example of an education program for schools is one provided by the Maimonides Comprehensive Mental Health Center, in which a clinic psychologist conducted a course of weekly discussion sessions with small groups of teachers. In addition, the members of the Child Psychiatry staff led discussions at regular faculty meetings on topics related to child mental health.

The best way to prevent mental and emotional disturbances in children is by providing a healthy environment at home. Education programs for parents can perform a useful service. One effective program is the twelve-session Parent Education Group at the Julia Ann Singer Preschool Psychiatric Center, for parents of children undergoing treatment. In another, the Maimonides Center conducted a program for parents on family life. The Parent-Teacher's Association, local service organizations, and merchants in the community helped distribute fliers publicizing the education program, which consisted of weekly discussion sessions.

In a program that combines the benefits of parent education and the nursery school experience, the Grand Rapids Child Guidance Clinic has been offering a successful prevention service for several years. Twelve mothers and their pre-school children come to the Well Child Center one morning a week for ten weeks. The mothers' group discussion combines explanation and discussion on child development.

Particularly valuable in the area of prevention are programs providing information to expectant parents, especially those about to become parents for the first time. Such programs may be undertaken by a center in collaboration with health or welfare agencies, or civic groups.

An effective education program can also disseminate general mental health information to the community through pamphlets and other printed matter and through the imaginative use of local radio, television, and press.

Other Special Programs

Mental illness is a major concern at all levels of society; it strikes rich and poor, educated and uneducated alike. However, the deprivation associated with poverty, a disrupted family life, and inadequate schooling plays a considerable role in the development and exacerbation of mental and emotional handicaps. The poor are subject to the greatest amount of family breakdown through separation, death and divorce. They are most often the under-educated, the unemployed. Their children are more likely to be undernourished. These circumstances are obstacles on the road to sound mental health.

A large number of Americans are adversely affected. Based on a poverty index for 1965, 34 million people are living in poverty. Fifty million are classified as low income. Included in this group are from 21 to 31 percent of the Nation's children.

Responding to the special needs of disadvantaged children, a variety of programs across the country are attempting to correct the defects of a deprived environment. Working mothers, for example, need a good day center program for their children, offering affection and mental stimulation.

A community mental health center that is responsive to the needs of its catchment area will participate in or initiate the necessary programs.

Authorities now recommend that children's services give high priority to the first three years of a child's life, rather than to later stages of development, since children under three already show severe marks of sociocultural deprivation.

Research has demonstrated that infants reared in culturally deprived, low-income homes can show a lower intellectual level than other infants as early as 15 to 18 months of age. A recent project in Washington, D.C., under the direction of Dr. Earl S. Schaefer, an NIMH psychologist, demonstrated that "tutoring" can raise the I.Q.'s of infants from deprived families. A group of 14-month-old infants were tutored by women college graduates experienced with young children. They spent an hour a day with the youngsters, usually in the children's homes, talking with them, reading to them, playing with them, or taking them on walks or trips. Preliminary results show that the children given this enriched stimulation have a significantly higher intellectual level than those in an untutored control group.

Tutoring programs such as these provide an excellent opportunity to use community volunteers, not only the college-trained, but also high school students. A community mental health center may furnish the necessary professional supervision.

Whereas special programs for infants may prevent the development of problems, older children may already show signs of mental or emotional difficulties that call for help. Secondary prevention efforts for the preschool or school-age child involve early identification of problems and therapeutic intervention. Two NIMH-supported projects have demonstrated the effectiveness of screening culturally deprived preschoolers needing "emotional first aid" before entering first grade.

The Child Study Project in Sumter, South Carolina, screened youngsters starting school and provided counseling, consultation, and treatment in cases calling for intervention. Special summer sessions for the troubled children were established in three demonstration schools. Most of the children made dramatic progress in adjusting to school. The project received the American Psychiatric Association's 1967 Gold Medal Achievement Award. A permanent staff of 33 "interventionists," including social workers, speech therapists, and home visitors, have been added to the Sumter school system. Preschool screening programs modeled after the Sumter project have been established in a number of other States.

A project in Quincy, Illinois, tests and interviews children entering kindergarten in four elementary schools which have a high percentage of later school dropouts. The children are checked again in the fourth grade. Those lagging in mental, emotional, and social development are given individual counseling. Testing has revealed that the IQ's of some children in the program have risen several points between kindergarten and fourth grade. Absenteeism has dropped, and student and parental interest and participation in school and extracurricular activities have increased.

Both programs stress the importance of screening youngsters in high-risk communities. Such programs are best based in the schools, but require professional consultation and assistance which a community mental health center can provide.

For the child with adjustment difficulties in school due to deficiencies at home, direct intervention is required. An NIMH-supported project in Woodlawn, a predominantly low-income Negro area of Chicago, is designed to improve adaptation in first-grade youngsters. The program consists of weekly classroom sessions with children and their teachers, as well as consultation sessions with school administrators, teachers, and parents. An important feature of the program is the active participation of the community. Residents, including parents of the children, are members of the Board of Directors which guides center policy and supports the educational effort.

The success of school programs such as these depends on the involvement of key people in a child's life—parents, teachers, physicians, etc.—in a concerted effort to provide a better environment for all children. Good schools and good homes are vital for optimum child development.

Preventive intervention must reach disadvantaged and handicapped children of all ages. An adolescent lacking necessary educational and vocational skills is most likely to have adjustment problems. Center staff can provide counseling to youth clubs and community rehabilitation programs designed to meet this need.

Among efforts in this area, NIMH investigators have demonstrated a successful new approach to rehabilitating disadvantaged, delinquent boys. They provided three services—job placement, remedial education, and psychotherapy—to a group of ten 15- to 17-year-old youths who had either just withdrawn or been suspended from a Maryland school. The ten-month program was effective in returning all but one of the boys to school or job. The researchers recommend that mental health agencies develop services along multidisciplinary lines to help deprived youth.

The mental health center can be one of many community partners engaged in combating the adverse effects of poverty and other handicaps. Its role is as varied as the needs of the children it seeks to help.

Research and Evaluation

The community mental health center offers a unique setting for innovative and imaginative approaches to the treatment and prevention of mental illness.

For example, it is ideally situated to conduct population studies to determine its community's particular needs. It may institute new modes of therapy, consultation, and education. Its ties with other community agencies enable the center to discover what kinds of cooperative activities are most effective.

To illustrate, a center may sponsor a fact-finding study to determine the incidence of delinquency or drug abuse in its area. If the problem warrants attention, the center may wish to collaborate with youth organizations—boys' clubs, YMCA's—to study the effectiveness of youth action programs.

A system of program evaluation, based on comprehensive and unified record-keeping, is necessary to insure efficient and effective operation and the most productive use of professional and non-professional personnel.

NIMH supports a variety of research projects in the field of child and family mental health. Information and consultation regarding such support is available from the Center for Studies of Child and Family Mental Health, Division of Special Mental Health Programs.

Training

The mental health center also offers a valuable training ground for various types of professionals and subprofessionals. Centers near universities or teaching hospitals can arrange for training affiliations. On the one hand, extension courses from a nearby university may provide training for staff members such as teachers, nurses, social workers, and therapists who need special instruction in working with children. Conversely, a center can provide valuable clinical experience for those training to work with children.

Some centers offer training programs for professionals in the community. For example, the Cedars-Sinai Medical Center in Los Angeles has a training program for physicians and child psychiatrists, providing clinical experience in its well-baby clinic. To demonstrate that the normal nursery school can be an effective therapeutic setting for very young disturbed children, the NIMH is supporting a one-year training program at the Center for experienced nursery school teachers.

The children's services of a mental health center are an ideal training resource for students preparing for careers in child mental health. Among children's mental health centers providing training programs for students is the Craig House-Technoma Workshop in Pittsburgh, Pennsylvania. The center offers professional training to students enrolled in university programs related to education, rehabilitation, mental health and public health.

Recognizing the need for many types of personnel, some centers offer training to child care workers and parents. For example, the Convalescent Hospital for Children in Rochester, New York, recipient of an NIMH staffing grant, is a training resource for a variety of persons in the community. In addition to training programs for students from a nearby medical school and for teachers of emotionally disturbed children, the center has instituted a training program for child care workers. These aides are a valuable addition to the Rochester center's staff.

The Maimonides Comprehensive Mental Health Center also conducts a variety of training programs, including in-service training for clinic staff and graduate students, field work experience for social workers and psychiatric nurses, and training to prepare a selected group of parents to teach remedial reading in the community's schools.

Recognizing the widespread need for children's services and qualified personnel, the NIMH administers an extensive support program for training personnel in this field.

The Institute currently supports a number of programs which offer training in disciplines related to child mental health. More than 100 child psychiatry training programs, and a variety of training programs in psychology, social work, and nursing are receiving support. Information on these programs is available from the Division of Manpower and Training Programs.

State institutions for the mentally ill are eligible for support to improve the services of staff caring for mentally and emotionally disturbed children. NIMH support of such training has stimulated the development of increasing numbers of institution-based in-service training programs and focused attention on the need for ongoing inservice training activities. Information is available from the Technical Assistance Branch, Division of Mental Health Service Programs.

Experimental and special training projects supported by NIMH include training for personnel whose role or function is related to the mental health of children, and training for new kinds of mental health workers. In this category are projects, such as the program at Cedars-Sinai, for teachers of pre-school emotionally disturbed children. Also supported are projects for training educational administrators and child development specialists. Information is available from the Experimental and Special Training Branch, Division of Manpower and Training Programs.

Staff

Basic staff for children's services ideally includes a range of personnel—the child psychiatrist, pediatrician, psychologist, social worker, nurse, occupational and recreational therapist, educator, child care worker, and aide—all trained in the treatment of children.

As indicated in the previous section, community mental health and family aides can provide valuable assistance and serve to augment staff. Young people, parents, and retired individuals can be trained for child care and classroom help. Volunteers and other sub-professionals may also be trained to serve as research assistants, group leaders, family counselors, and as assistant therapists.

Student aides, particularly graduate students in the behavioral sciences, have worked successfully in many programs for children. Several centers, in cooperation with local colleges or universities, have integrated student volunteers into various parts of their program. The volunteer aide can help provide the individual attention, warmth, and sense of security so important to children who are ill. They can also assist in therapy sessions, excursions, field trips, and other activities. In areas where transportation to the center is to be furnished, volunteers may be organized to operate car pools. The youth and enthusiasm of student helpers is a most valuable asset in efforts to rehabilitate the disturbed youngster.

A program in Vermont, for example, is using college volunteers to work with slow learners in elementary school. The goal of the project, which is supported by an NIMH grant, is to help prevent severe emotional disturbances in children by early identification of slow learners.

The training of new types of mental health workers, currently being explored under special NIMH training grants, is designed to create a new source of semi-professional help to meet staffing needs.

In some of these projects, students are being trained as mental health aides in two-year programs at junior colleges leading to an Associate of Arts degree.

In other projects, local people are being trained to work in their own communities as mental health aides. A project in Washington, D.C., for example, has demonstrated that school dropouts in a poverty area can be trained as effective workers. The program at Baker's Dozen, a youth center in a ghetto area of the city, trained a group of deprived Negro adolescents aged 17 to 21 to help themselves and others in their neighborhood. The young people, some with no more than a fifth-grade education, work with children aged 12 to 16 in activity groups. While the aides provide a needed service, they gain confidence and a sense of responsibility which enriches their own lives. The project leaders believe that the trained indigenous worker is an important link in bringing mental health services to people in deprived poverty areas.

In neighborhood health or service centers which work with community mental health centers, the community or family health aide may receive training in mental health concepts and principles, and participate in providing help or referral.

The NIMH provides assistance to community mental health centers to help meet their cost of staffing new or expanded services. Grants to help pay the salaries of professional and technical personnel are awarded on a declining scale during a center's first 51 months of operation. These may cover from as much as 75 percent of the eligible staffing costs during the first year to 30 percent in the final year of support.

Information regarding Federal staffing assistance is available from the Associate Regional Health Directors for Mental Health, Regional Offices, Department of Health, Education, and Welfare.

Facilities

A center's facilities and physical environment play an important role in the child's therapy. Attractive surroundings and ample, well-designed space adaptable to their needs contribute to the therapeutic milieu to which children can respond and grow well. Even the treatment of landscape is important in defining well-marked boundaries and tangible limits without creating an atmosphere of restriction and confinement.

Facilities for children's services should be conveniently located and where possible, should be near other child-caring institutions, such as schools, and near outdoor recreation facilities, such as parks and playgrounds. Outdoor play areas are particularly important in high-density neighborhoods.

Some centers may wish to provide mental health programs at the public schools if special education classrooms are available. Recreation programs can make use of public playgrounds, swimming pools, movies, and bowling alleys. Using community facilities gives the disturbed youngster important contact with the community.

Ideally, a community mental health center provides special or separate facilities for children, whether located at various places or housed in one building. If a children's treatment center is affiliated with a general mental health center, the entire range of children's services may enjoy separate facilities.

Children's services may be housed apart from those for adults because treatment programs, staff, and environmental needs of the two groups differ. If, however, young children and adults are served in the same facility, a separate entrance and waiting room designed as a play area are desirable.

Since a complete program for children includes the five basic services—inpatient and outpatient care, partial hospitalization, emergency care, and consultation and education—a variety of rooms and spaces are required to provide them. For example, small rooms are needed for diagnostic interviews, individual therapy, and staff offices. Large rooms are needed for group, educational, and vocational therapy. A special education program requires space for desks. Playrooms and outdoor recreation and play space are also important.

The design of the facilities should allow for unscheduled, as well as scheduled, activities. Areas for quiet, such as a library, and areas for activity, such as a playroom, should be available. Quiet areas allow children to retreat from activity as needed. Also desirable are special areas for hobbies and club activities for the older children, such as a photo lab or workshop.

Since young people tend to gather at certain spots—such as those associated with recreation or food—special attention should be given to these focal points of activity. For example, accessibility to a kitchen snack area, where they can prepare some of their own food, or to a record player, encourages group interaction.

A young patient should be given opportunity to modify his environment. The facilities should allow for his individuality by providing basic movable furniture that *he* can arrange, and wall space for hanging his own pictures. An environment that a child has helped to create is one that he can more readily accept and enjoy.

Space and equipment needs for children are many and varied. They include ample storage room, private lockers, and cupboards for toys and play equipment. Lavatories with larger-than-average sinks and low toilets for younger children are needed near activity areas. In addition, noisy activity and treatment rooms require sound-proofing. Rugs and carpeting help to muffle sound and lend warmth to the surroundings. Acting-out problems among young patients require sturdy furniture and some "damage-proofing" of furnishings. Play and gym equipment are as desirable for the disturbed child as for any other youngster.

Facilities for research may include a one-way vision window to permit staff observation.

Ideally, separate facilities should be provided for young children and for adolescents since their needs differ. However, dual- or multi-purpose rooms permit

alternate use of space. One important consideration is the location of such rooms. A centrally located recreation room, for example, accessible to children from both the young children's and adolescents' units, uses space more economically and effectively than one located in either unit. In addition, scheduling is an important factor in maximizing available space. Flexible scheduling is facilitated by adequate storage space, allowing toys from a day nursery and chairs for parent counseling, for example, to be stored and used as needed.

The main consideration in planning facilities for young people is what, in terms of environment, will make life enjoyable for them and adequately provide for their needs.

Consultation regarding physical plans for children's facilities is available from the Division of Mental Health Service Programs.

Establishing a Center

The community mental health center aims at a unified and continuous program of comprehensive community care for children and adults. Plans and methods of forming a center differ widely, reflecting the needs and extent of existing facilities in the areas to be served.

Children's services may be incorporated or expanded within the total program of a center in a variety of ways. They are often provided by existing facilities—a child guidance home or residential treatment center, a children's psychiatric service in a general hospital—in affiliation with other agencies, clinics, or institutions.

Examples of successful joint efforts include:

The Community Mental Health Center of Rock Island, Illinois, was formed through the collaboration of the Child Guidance and Mental Health Center and two general hospitals. A Federal construction grant enabled all three agencies to provide new and expanded services for children and adults in new facilities.

The Convalescent Hospital for Children in Rochester, New York, recipient of Federal construction and staffing funds, affiliated with the adult psychiatric service of a general hospital to form a comprehensive community mental health center.

The Child Guidance Home in Cincinnati, Ohio, received a construction grant and affiliated with a general hospital and an adult outpatient psychiatric clinic. The three agencies added services for children which had not been available before.

The Jane Wayland Child Center and St. Luke's Hospital in Phoenix, Arizona, joined forces with an adult psychiatric clinic in order to provide more extensive and high quality comprehensive care for children and adults.

A children's residential treatment center may be built to serve several community mental health centers. This plan takes into account the usefulness of pooling scarce personnel and facilities for special education. Ideally, the treatment center would provide not only inpatient care, but the entire range of children's services. At a minimum, it could be the site of inpatient treatment, day care, and schooling.

Federal assistance is available to community mental health centers to help meet the costs of constructing or renovating facilities for new or expanded services. Funds for this purpose are allotted to the States, which determine priorities for community projects under a State Centers Plan. Local applicants apply to their designated State agency for approval of their project. Grants may cover from one-third to two-thirds of the center's building or remodelling costs.

As indicated in the section on *Staffing,* grants are also available to help centers meet the cost of staffing new or expanded services in their first few years of operation. These funds, which are awarded directly to local programs, enable a center to evaluate operating costs and explore long-range sources of operating revenue.

Since regulations for Federal aid require that a reasonable volume of services be provided below cost or without charge to patients unable to pay the full fee, a center must have sources of revenue other than patient fees. Applications for building and staffing assistance must show that a proposed center has other sources of support.

Some mental health centers are operated by private, nonprofit foundations to which community organizations and United Fund drives contribute. Others are supported through city and county tax revenues, with a percentage of funds contributed by the State.

In recent years, health insurance coverage for psychiatric care has become more widespread. Voluntary health insurance plans such as commercial insurance carriers, Blue Cross-Blue Shield prepayment arrangements, and comprehensive prepaid group practice health plans have broadened coverage to include services for mental and emotional problems which had been excluded or for which benefits had been more limited.

As a result of developments in health insurance protection, families and children who are insured seek psychiatric help early and receive inpatient and short-

term outpatient services before a youngster's problems become increasingly intractable to treatment.

A major advance under some new contracts is the inclusion of benefits for collateral visits—that is, coverage for treatment services for parents and other family members when a child or adolescent is the focus of treatment.

Increased psychiatric benefits under voluntary and industry-wide insurance plans, as well as public health care programs, reflect recognition of the potential of community mental health services and demonstrate that the treatment of the mentally ill is now considered an insurable risk. The comprehensive programs of the mental health center make mental illness "insurable" by concentrating on acute illness and short-term care, and insurance benefits, in turn, make it possible for centers to serve a broader population.

Mental health benefits for children's services are also now available under various Federally financed programs. These include the Military Medical Benefits Amendments of 1966, under which dependents of active, retired, and deceased members of the uniformed services may receive psychiatric care in community programs. In some States, under the Medicaid program, indigent and medically indigent children and families are receiving mental health services.

Information and consultation regarding center projects are available from the designated State agency and the Associate Regional Health Directors for Mental Health, Regional Offices, Department of Health, Education, and Welfare.

Programs cited here are examples of interesting projects that have come to the attention of NIMH staff, and are not intended as an exhaustive survey of new and effective approaches to serving children. The NIMH welcomes further suggestions and reports of child mental health programs. Write to Center for Studies of Child and Family Mental Health, National Institute of Mental Health, 5454 Wisconsin Avenue, Chevy Chase, Maryland 20203.

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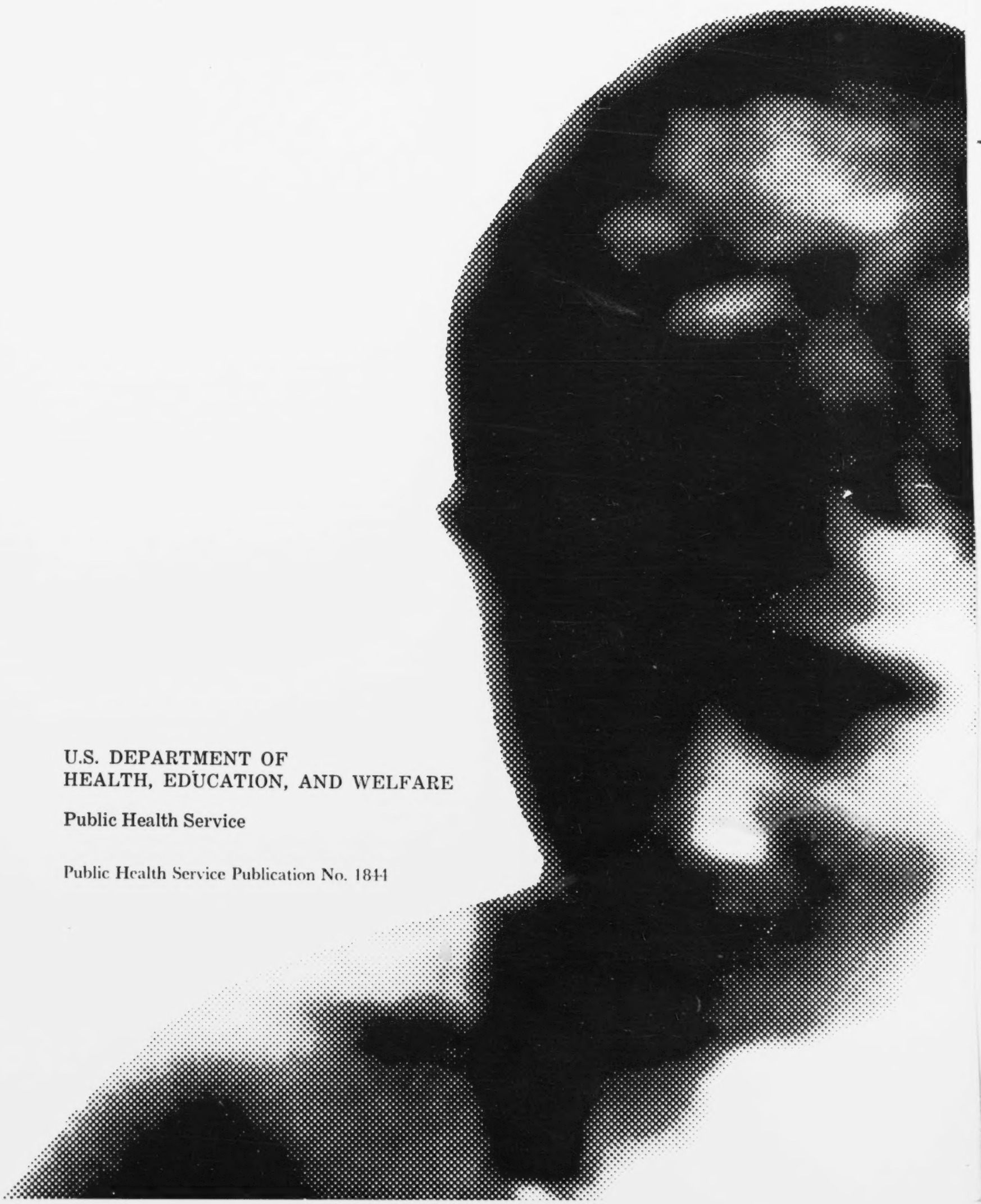

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